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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : ACCOUNTING MAX SERVICES INC

Account Number : I20220000162 Phone : (954)724-1114 Fax Number : (954)252-4124

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

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FERCA LLC

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From: mary to-

COVER LETTER

		•	
TO: Registration Se Division of Con			
FERCA LI	.c		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	FERNANDO CARVAJAI		
		Name of Person	
	FERCA LLC		
	TAMARAC, FL 33321		SECRETAT SECRETAT TALLAH
		City/State and Zip Code	
	ana@accountingmaxservice	es.com to be used for future annual report notification)	工品 2
For further information of	concerning this matter, please ca	·	ECRETARY OF ST
FERNANDO CARVAJ	AL	754 368-3579	E, FI
Name o	f Person	Area Code Daytime Teleph	one Number
Enclosed is a check for the	he following amount:		
₩ \$25.90 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (idditional copy is enclosed)
Mailing Address Registration 1 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Section Division of Corporation The Centre of Tallaha	

Tallahassee, FL 32314

2415 N. Monroe Street, \$uite 810 Tallahassee, FL 32303

FERCA LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Compan A Florida Limited Li	iv as it now appears on our reco- lability Company)	<u>ki (.)</u>
	ability Company v	were filed on Onthe 12024	and assigned
Florida document number 1.24000387188	•		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liabil	lity company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ty Company," the designation "LI	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1915 SW 67th TER	· · · · · · · · · · · · · · · · · · ·
(Name of the Limited Liability Company (A Florida Limited Liability Company Florida document number 1.24000387188 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability Company The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, If applicable: (Mailling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: N/A New Registered Office Address: N/A New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	NORTH LAUDERDALE FI	33068	
		1915 SW 67th TER	S 20
Enter new mailing address, if applicable:		NORTH LAUDERDALE FI	77000 70 10
(Malling address MAY BE A POST OFFICE I	<u>30X)</u>	NORTH LAGIDERDALE FI	133000 EM E
			75 2
		ddress on our records, <u>ent</u> e	r the name of the green registered
Name of New Registered Agent:	N/A		L'E I
New Registered Office Address:	N/A		
		Enter Florida street addi	223
			lorida
		City	Zip Code
New Registered Agent's Signature, if changing R	legistered Agent:		
provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r	er and complete j stered agent as p registered office change.	performance of my duties, provided for in Chapter 60: address, I hereby confirm	and I am familiar with and F.S. Or, if this document is that the limited liability
	If Chan	ging Registered Agent, <u>Signatur</u>	of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CASANAS, CAROLINA	6701 NW 62ND ST	
		TAMARAC, FL 33321	■Remove
			□ Change
MGR	FERNANDO CARVAJAL	1915 SW 67th TER	□∧¢d
		NORTH LAUDERDALE FL 33068	□Remove
			2024 SEP 23
			P 23 PM 1: 27 TARÉ OF ÉTAT AHESSERUFL
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an effective date is listed, the date must be speci- lote: If the date inserted in this block does	fic and cannot be prior to di	ate of filing or more than 90 day	s after filing.) Purs	uant to 605.0207	7 (3)(l
ocument's effective date on the Departme	nt of State's records.	statutoty thing requiremen	is, this date will	not be usted as	ıшı¢
record specifies a delayed effective date, b	out not an effective time.	at 12:01 a.m. on the earlier	of: (b) The 90t	h day after the	
d is filed.				·	
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